## **Residential Renewable Energy**

## **Gresham/East Multnomah County**

1333 NW Eastman Parkway Gresham, OR 97030

Phone: 503-618-2845 www.GreshamOregon.gov

| TYPE C                             | TYPE OF WORK      |  |  |  |  |
|------------------------------------|-------------------|--|--|--|--|
| □ New Construction                 |                   |  |  |  |  |
| ☐ Addition/Alteration/Replacement  |                   |  |  |  |  |
| CATEGORY OF CONSTRUCTION           |                   |  |  |  |  |
| ☐1 & 2-Family Dwelling/Accessory   |                   |  |  |  |  |
| □Other:                            |                   |  |  |  |  |
| JOB SITE INFORMATION AND LOCATION  |                   |  |  |  |  |
| Job Site Address:                  |                   |  |  |  |  |
| Suite #:                           | Bldg/Apt:         |  |  |  |  |
| Project Name:                      |                   |  |  |  |  |
| Subdivision:                       | Lot #:            |  |  |  |  |
| DESCRIPTION OF WORK                |                   |  |  |  |  |
|                                    |                   |  |  |  |  |
|                                    |                   |  |  |  |  |
|                                    |                   |  |  |  |  |
|                                    |                   |  |  |  |  |
| ☐ PROPERTY OWNER                   | ☐ TENANT          |  |  |  |  |
| Name:                              |                   |  |  |  |  |
| Address:                           |                   |  |  |  |  |
| City/State/Zip:                    |                   |  |  |  |  |
| Ph:                                | Email:            |  |  |  |  |
| ☐ APPLICANT                        | ☐ CONTACT PERSON  |  |  |  |  |
| Name:                              |                   |  |  |  |  |
| Address:                           |                   |  |  |  |  |
| City/State/Zip:                    |                   |  |  |  |  |
| Ph:                                | Email:            |  |  |  |  |
|                                    | CONTRACTOR        |  |  |  |  |
| Business Name:                     |                   |  |  |  |  |
| Address:                           |                   |  |  |  |  |
| City/State/Zip:                    |                   |  |  |  |  |
| Ph:                                | Fax:              |  |  |  |  |
| *CCB Lic.#:                        | Elec. Lic.#:      |  |  |  |  |
| *Supervising Electrician Signa     | ature (Required): |  |  |  |  |
| Sup. Lic.#:                        | Date:             |  |  |  |  |
| Print Name:                        |                   |  |  |  |  |
| *A valid CCB# and signature is rec | quired.           |  |  |  |  |
| Owner/Authorized Signature         |                   |  |  |  |  |
| Print Signer's Name (Required):    |                   |  |  |  |  |
| Date (Required):                   |                   |  |  |  |  |

## FOR OFFICE USE ONLY

Application #:

| Аррисаціон ж.  |        |               |      |            |    |  |  |
|--|--------|---------------|------|------------|----|--|--|
|  |        |               |      |            |    |  |  |
| FEE SCHEDULE FOR SOLAR                                 |        |               |      |            |    |  |  |
| Number of Inspections Per Item                         |        |               |      |            |    |  |  |
| Renewable Energy                                       | Qty    | Fee (ea.)     |      | Total      |    |  |  |
| Installation Per System                                |        |               |      |            |    |  |  |
| Total  |        |               |      |            |    |  |  |
| 5 kva or less  |        | \$152         |      |            | 2  |  |  |
| 5.01 to 15 kva   |        | \$186         |      |            | 2  |  |  |
| 15.01 to 25 kva  |        | \$273         |      |            | 2  |  |  |
| Structural Attachment                                  |        | \$175         |      |            | *1 |  |  |
| *A Re-Inspection Fee                                   |        |               |      |            |    |  |  |
| will be charged if more                                |        |               |      |            |    |  |  |
| than one inspection is                                 |        |               |      |            |    |  |  |
| needed   |        |               |      |            |    |  |  |
| PERMIT FEES (OFFICE USE ONLY)                          |        |               |      |            |    |  |  |
|  | Sub    | total         | \$   |            |    |  |  |
| State Surcharge (12% of F                              | Permit | ermit Fee) \$ |      |            |    |  |  |
|  | Tota   | al Fee \$     |      |            |    |  |  |
| FEE SCHEDULE FOR WIND                                  |        |               |      |            |    |  |  |
| Number of Inspections Per Item                         |        |               |      |            |    |  |  |
| Renewable Energy                                       | Qty    | Fee(ea.)      |      | Total      |    |  |  |
| Installation Per System                                |        |               |      |            |    |  |  |
| Total  |        |               |      |            |    |  |  |
| 5 kva or less  |        | \$152         |      |            | 2  |  |  |
| 5.01 to 15 kva   |        | \$186         |      |            | 2  |  |  |
| 15.01 to 25 kva  |        | \$273         |      |            | 2  |  |  |
| Structural Attachment                                  |        | \$175         |      |            | *1 |  |  |
| *A Re-Inspection fee                                   |        |               |      |            |    |  |  |
| will be charged if more                                |        |               |      |            |    |  |  |
| than one inspection is                                 |        |               |      |            |    |  |  |
| needed   |        |               |      |            |    |  |  |
| PERMIT FEES (C   | OFFICE | USE C         | ONLY | <b>'</b> ) |    |  |  |
|  | Sub    | total         | \$   |            |    |  |  |
| Subtotal   \$ State Surcharge (12% of Permit Fee)   \$ |        |               |      |            |    |  |  |
| -  | Tota   | l Fee         | \$   |            |    |  |  |
| STRUCTURAI   | CON.   | TRACT         | OR   |            |    |  |  |
| (If Different than Electrical Contractor)              |        |               |      |            |    |  |  |
| Business Name:   |        |               |      |            |    |  |  |
| Address:   |        |               |      |            |    |  |  |
| City/State/Zip:  |        |               |      |            |    |  |  |
| Phone:   | Ema    | ail:          |      |            |    |  |  |
| *CCB Lic. #:   |        |               |      |            |    |  |  |
| Electrical Lic. #:                                     |        |               |      |            |    |  |  |
|  |        |               |      |            |    |  |  |